

2000 Consumer's Guide



Medicare Managed Care in Missouri

Missouri Department of
HEALTH

Choosing a Managed Care Health Plan

Choosing a managed care plan can be complex and difficult. This 2000 Consumer's Guide helps you compare the quality of health care and member satisfaction among the Medicare managed care plans in Missouri.



- ◆ Identify all plans which offer coverage in your area by calling the Community Leaders Assisting the Insured of Missouri (CLAIM) program at 1-800-390-3330 or 1-573-893-7900.
- ◆ Review the indicators in this brochure only in combination. No one indicator should be viewed as a sole direct measure of a health plan's performance.
- ◆ Contact CLAIM for a health plan comparison worksheet and other Medicare information. Also, more managed care information is available from the Department of Health at 1-573-526-2812.
- ◆ Come up with your own questions and call your plan choices for answers using the phone numbers on the back. Plans can provide you a member handbook of benefits plus a list of doctors and hospitals in their Medicare network.
- ◆ Talk to your doctor, family and friends about their experiences with managed care.
- ◆ Use all information to evaluate your managed care options. Make the choice that best suits your need.

REMEMBER: Be sure to review the literature on Medicare and managed care sent to you by the Medicare administration.

This measure, indicating efficiency, is the percentage of total income used for administrative overhead. Plans with administrative expenses less than 16% are shown as high performers, while those at 26% or more are rated as low performers.

The complaint index looks at the number of consumer complaints relative to the amount of business received in the past three years. The Department of Insurance compiles this data annually.

100% of industry average is considered low performance.

Industry average are shown as high performance; more than 100% of industry average is considered low performance.

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Commission (URAC) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

This shows the percentage of the State's Medicare managed care plan members who are enrolled with a specific plan. It provides an indication not only of plan size but also of the plan's ability to meet the varied health care needs of its members.

Plan Name	Statewide Complaint Index	National Accreditation Rating	Expenditure for Rating	Indirect Rating	Market Share	National Accreditation	Administrator	Complaints	Plan Name
Advantara (GHP)	22%	none	1997-1998	1999	1999	1999	URAC	5%	Blue-Advantage 65
Covenantry Advantage	1%	new							
HealthNet Senior Excel	7%	none							
Humana Gold Plus	13%	NCQA							
Kaiser Permanente	2%	NCQA							
Medicare Complete (UHC)	40%	URAC&JCAHO							
Premier Plus	+++	none							
St. John's Premier Plus	+++	none							
Total Health Care 65	1%	URAC							

Use this information to assess plan financial stability.

What Do Medicare Managed Care Plans Look Like?

REMEMBER: Be sure to review the literature on Medicare and managed care sent to you by the Medicare administration.

How Well Do Medicare Managed Care Plans Perform?

Use this information to compare the quality of health care and health services of your managed care options.

Plan	Women's Health			Cardiovascular		Respiratory		Depression			Diabetes			Access	Member Satisfaction			Plan					
	Quality	Women's Cancer: Breast (B), Cervical (C), Ovarian (O)		Access	Quality	Obesity (O), Stroke (S), CHF (H)		Quality	Asthma (A), COPD (P), Tobacco Use (T)		Quality	Anti-depression Medication Follow-up	Anti-depression Acute Phase Treatment	Depression Screening	Quality	Diabetic Retinal Eye Exam	Diabetic HbA1c Testing	Diabetes Screening	Getting Needed Care	Customer Service	Overall Rating of Health Plan		
	Breast Cancer Screening	Screening	Case Management	GYN without Referral	Beta Blocker After Heart Attack	Screening	Case Management	Annual Flu Shot	Screening	Case Management	Medication Follow-up	Acute Phase Treatment	Screening	Diabetic Retinal Eye Exam	Diabetic HbA1c Testing	Diabetes Screening	all	86%	79%	84%	Medicare Managed Care Plan		
Advantra (GHP)	●	B C	B C O	allow	●	S H	S H	●	A P T	A P	●	●	yes	○	●	yes	all	86%	79%	84%	Advantra (GHP)		
Blue-Advantage 65	○	B C	B C O	allow	N/A	S H	O S H	○	A P T	A P T	○	●	yes	○	○	yes	none	87%	74%	82%	Blue-Advantage 65		
HealthNet Senior Excel	●	none	B C O	not	●	H	S H	●	A P	A P	●	●	no	●	●	no	some	92%	84%	88%	HealthNet Senior Excel		
Humana Gold Plus	●	B C O	none	allow	●	S H	S H	●	T	P T	●	●	yes	●	●	yes	some	85%	78%	78%	Humana Gold Plus		
Kaiser Permanente	●	B C O	none	allow	N/A	O S H	H	○	A T	A	N/A	N/A	yes	●	●	yes	some	83%	82%	79%	Kaiser Permanente		
Medicare Complete (UHC)	●	B C	B C O	allow	●	S H	S H	○	A P	A P T	●	○	yes	○	●	yes	none	85%	84%	85%	Medicare Complete (UHC)		
Premier Plus	N/A	B	none	not	N/A	S	S H	●	A	A P	N/A	N/A	no	●	●	no	none	85%	84%	84%	Premier Plus		
St.John's Premier Plus	●	none	none	not	N/A	none	S H	●	none	A P	●	●	no	●	●	no	none	91%	90%	91%	St.John's Premier Plus		
Total Health Care 65	N/A	B C	B C O	allow	N/A	S H	O S H	●	A P T	A P T	N/A	N/A	yes	○	○	yes	none	88%	84%	89%	Total Health Care 65		
Statewide Averages	76%				87%				76%				14%	55%		46%	73%			87%	82%	84%	Statewide Averages

This table shows how health plans scored in five areas of health care. It also reports measures of access to care and member satisfaction. However, no one indicator should be viewed as the sole measure of a health plan's performance.

The percentages for quality of care measures were calculated for each plan and then scored against the statewide managed care plan average.

Quality of Care Levels

- — High
- — Average
- — Needs Improvement
- N/A — Numbers too small to report

- ◆ Plan comparison on percent of women who had a mammogram in the past 2 years.
- ◆ Plans that offer screening and case management for breast, cervical and ovarian cancer.
- ◆ Plan policies on gynecologist (GYN) visits without a primary care physician (PCP) referral.

- ◆ Plan comparison on percent of members who survived a heart attack and were prescribed beta blocker medicine.
- ◆ Plans that offer screening and case management for obesity, stroke and congestive heart failure (CHF).
- ◆ Plan comparison on percent of members who reported receiving a flu shot in the previous year.
- ◆ Plans that offer screening and case management for asthma, stroke and chronic obstructive pulmonary disease (COPD) and tobacco use.

- ◆ Comparison of percent of members on medication for a new episode of clinical depression and having at least 3 follow-up visits.
- ◆ Plans that offer screening and case management for asthma, stroke and chronic obstructive pulmonary disease (COPD) and tobacco use.
- ◆ Comparison of percent of adult members who had at least one hemoglobin A1c (HbA1c) test in the past year.
- ◆ Plans offering depression screening.

- ◆ Plan comparison on percent of adult members who had a yearly retinal eye exam.
- ◆ Plan comparison on percent of adult members who had at least one hemoglobin A1c (HbA1c) test in the past year.
- ◆ Did all, some or none of the health plan's products allow visits to in-network specialists without referral or prior authorization?

- ◆ No problem getting good doctors and nurses, referrals and necessary care.
- ◆ No problem with paperwork, written materials or help from customer service.
- ◆ Overall rating of health plan.

Screenings are clinical evaluations and tests that can detect a disease or health problem early. Case management helps patients, providers and physicians coordinate the medical care needed in complex or chronic illnesses. Case managers help patients take care of themselves and make sure they get the correct specialists, equipment and medicines.

Health plans indicated above allow more than one annual well woman visit to a gynecologist without a referral. You and your doctor should schedule screenings for breast, cervical and ovarian cancer based on family history and other risk factors.

Beta blockers can prevent heart attacks. Small doses of aspirin or anti-clotting medicines help in avoiding a stroke. Even lifestyle changes make a big difference. Exercise regularly and do not smoke. Stay at a healthy weight by eating a low fat diet. Obesity puts you at risk for diabetes, cancer, heart disease or stroke.

Many health plans require that their network of physicians identify members at risk for respiratory problems such as tobacco users, asthmatics and people with chronic lung or heart disease. Then case managers make sure these people get the right specialists, equipment and medications, including annual flu shots.

Depression affects how you feel, think and behave. Stresses may trigger it, like loss of loved ones, failing health, money problems, or even "winter blues". New medicines with few side effects can control depression. To speed recovery and avoid its return: reduce stress, set reachable goals, eat healthy, socialize and be physically active.

Diabetes that occurs later in life may be prevented by keeping your weight down, exercising, and eating a healthy diet. Managing diabetes includes closely monitoring for blood sugar levels using a HbA1c test and for circulatory problems using a retinal eye exam. Pills can now control diabetes, often without needing insulin shots.

All or some products of these health plans do not require members to obtain a referral from their primary care physician or authorization from the health plan before scheduling with any in-network specialists, except gynecologists.

The percentage of satisfied members for each plan is shown above for three patient satisfaction areas. Managed care health plans and physicians work to deliver you the best care while avoiding unnecessary treatment and costs. If the doctor believes a treatment is needed and right for your condition, you should get health plan approval and referrals without problems. Through effective customer service and health information, plans can alleviate needless frustration or worry. Overall satisfaction with health plans may include other, non-medical issues such as clinic or hospital locations and hours of operation, or whether transportation is available.

All female Medicare beneficiaries are covered for one annual mammogram and for a Pap smear, pelvic exam and clinical breast exam at least once every three years.

All Medicare beneficiaries are eligible for a yearly flu shot.

Learn more about managed care at:
www.health.state.mo.us/Publications/mcwelcome.html

Medicare Managed Care Member Services Telephone Numbers



Maurleen E. Dempsey, M.D. - Director

Managed Care Plan	Customer Service	RN Hotline	Website
Advantia	800-533-0367	800-580-9733	www.ghp.com
Blue-Advantage 65	816-395-3062	816-460-4688	www.bcbkskc.com
Covenanty Advantage	800-727-9712	800-622-9528	www.chckc.cvy.com
HealthNet Senior Excel	913-671-8730	913-671-8730	www.healthnet-kc.com
Humana Gold Plus	800-448-6262	800-622-9529	www.humana.com
Kaiser Permanente	800-726-5247	800-870-5711	www.kp.org/locations/kansascity
Medicare Complete	800-656-0065	877-365-7949	www.uhc.com
Premier Plus	800-280-1602	800-811-1187	www.mercyhealthplans.com
St. John's Premier Plus	800-481-4466	800-481-4466	www.mercyhealthplans.com
Total Health Care 65	816-395-2525	816-395-2525	www.bcbkskc.com

Concerns or Complaints?

If you have concerns about your treatment or feel you have been denied health services, you may call your managed care plan. The plan will explain how to file a complaint and advise you of your grievance rights. If you disagree with a plan's position or decision, you can file a complaint with the Missouri Patient Care Review Foundation Beneficiaries HelpLine at: 1-800-347-1016

Useful Website Pages

The following websites may be useful:

Missouri Department of Health:

www.health.state.mo.us

Official Medicare -

U.S. Government Site:

www.medicare.gov

HCFA's Medicare Compare:

www.medicare.gov/comparison

National Committee for

Quality Assurance:

www.ncqa.org

American Accreditation Healthcare

Commission/URAC:

www.urac.org

Managed Care Central:

www.familiesusa.org/managedcare

Health and Human Services

U.S. Government:

www.healthfinder.gov

National Health

Information Center

nhic-nt.health.org

American Medical Association:

www.ama-assn.org

American Osteopathic Assosiation:

www.aoa-net.org

Agency for Healthcare Research

& Quality:

www.ahrq.gov

American Association of

Health Plans:

www.aahp.org

The Missouri Department of Health has attempted to publish accurate information using common definitions. The data reported in this brochure are based on plan performance during 1999. Managed care plans were allowed to review and correct the data presented. Forward other corrections or suggestions to the Center for Health Information Management and Evaluation, Missouri Department of Health, PO Box 570, Jefferson City, MO 65102. Our telephone number is (573) 526-2812. A companion technical report, containing the data and statistical formulas used, is also available for \$10. The Missouri Department of Health is an equal opportunity/affirmative action employer. Services are provided on a non-discriminatory basis. This information is available in alternate formats to citizens with disabilities.